

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 05 2023

DUVAL COUNTY ELEC.

By [Signature]

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Reggie L Gaffney

3. Address (include post office box or street, city, state, zip code)

11636 Jerry Adams Ct
Jax Fl 32218

4. Telephone

(904) 294-4664

5. E-mail address

reggie7seven@gmail.com

6. Office sought (include district, circuit, group number)

Jax City ^{Council} District 8

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation Democratic Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

James M Brake

11. Mailing Address

10887 Coral Shores dr # 109

12. Telephone

(561) 699-3232

13. City

Jacksonville

14. County

Duval

15. State

fl

16. Zip Code

32256

17. E-mail address

Jamesmbrake70@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Ameris Bank

20. Address

1301 Riverplace Blvd

21. City

Jax

22. County

Duval

23. State

fl

24. Zip Code

32207

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

1/5/2022

26. Signature of Candidate

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, James Brake, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

1/5/2022
Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer